

State of California
State Personnel Board

CUSTOMER AUTHORIZATION

Department Name: _____	Department Prefix: _____
Information Security Officer (ISO) Name: _____	IMS Code: _____
Address: _____	E-Mail Address: _____
Phone Number: _____	CALNET Prefix: _____ FAX: _____
Alternate ISO (<i>if any</i>): _____	IMS Code: _____
Address: _____	E-Mail Address: _____
Phone Number: _____	CALNET Prefix: _____ FAX: _____

Data Security Coordinator(s) Who Administer RACF

RACF Coordinator Name: _____	IMS Code: _____
Address: _____	E-Mail Address: _____
Phone Number: _____	CALNET Prefix: _____ FAX: _____
Alternate RACF Coordinator Name: _____	IMS Code: _____
Address: _____	E-Mail Address: _____
Phone Number: _____	CALNET Prefix: _____ FAX: _____

Departmental Approval

(ISO Supervisor or Higher Level Official)

Name (Print): _____	Date: _____
Signature: _____	Title: _____
E-Mail Address: _____	Phone Number: _____ CALNET Prefix: _____

RETURN COMPLETED FORM TO:

State Personnel Board
Information Systems Unit Security Administrator
P.O. Box 94244-2010
Sacramento, CA 94244
IMS Code: 33

For SPB Use Only: _____
